

State of South Carolina  
DEPARTMENT OF INSURANCE  
Education Services Division  
P.O. Box 100105, Columbia, SC 29202-3105  
**APPLICATION FOR CONTINUING EDUCATION SPONSOR APPROVAL**  
(If all required material is not submitted, the application will be disapproved.)

**SECTION I.**

Name of Sponsor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Sponsor's FEIN \_\_\_\_\_  
Sponsor's Authorized Representative \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Sponsor's Type of Business

<input type="checkbox"/> Insurance Company (SC Company Code #)	<input type="checkbox"/> Institution of Higher Learning
<input type="checkbox"/> Agent Association	<input type="checkbox"/> Private Organization (provide a letter explaining the type of business)
<input type="checkbox"/> Insurance Trade Association	

**SECTION II.**

To remain qualified as an approved sponsor, the sponsor agrees to comply with the following and with all the requirements of Regulation 69-50. Failure to comply with any of these requirements may result in a fine of not less than \$1,000, suspension of approval or termination of approval status.

1. Monitor agents' attendance by maintaining accurate attendance records;
2. Issue a Certification of Approved Course Completion to all agents who satisfactorily complete an approved course within the time required by Reg. 69-50 VII. A. B;
3. Submit to the Continuing Education Administrator a class roster of the agents who satisfactorily complete an approved course within the time required by Reg. 69-50 VII;
4. Monitor the activities of approved instructors/proctors and promptly report any change in the status of the relationship between the instructor/proctor and the sponsor;
5. Submit course schedules to the Department of Insurance fifteen days in advance of the course or seminar being presented as required by Reg. 69-50 IX. D.
6. Provide the authorized representative and all instructors and/or proctors with a current copy of Laws and Regulation 69-50 on continuing education of agents.

Has anyone in your organization ever been the subject of disciplinary action, including suspension, cancellation or revocation by an Insurance Department, Governmental entity, or other licensing authority? ☐ Yes ☐ No

If yes attach a statement providing complete details.

Has anyone in your organization ever been convicted, pled guilty or no contest of any criminal proceeding? ☐ Yes ☐ No If yes, attach a statement providing complete details.

Has anyone in your organization ever been charged by any entity with misappropriation, conversion or withholding of money? ☐ Yes ☐ No If yes, attach a statement providing complete details.

**STATEMENT OF APPLICANT**

I \_\_\_\_\_, do solemnly swear that the information and answers contained in  
AUTHORIZED REPRESENTATIVE'S SIGNATURE this application are complete, true and correct to the best of my knowledge.

**SECTION III**

**FOR INTERNAL USE ONLY**

☐ Approved Approved Sponsor Number: \_\_\_\_\_  
☐ Not Approved - Explanation: \_\_\_\_\_  
Signature of Chair or Vice Chair of Advisory Committee